

DISCLOSURE FORM

It is my practice to provide my clients the following information verbally and in writing during our initial session.

Degrees and Training: Doctorate of Psychology, Clinical Psychology, University of Denver, 2008

 Master of Arts, Clinical Psychology, University of Denver,
 2006
 Bachelor of Science, Psychology, Cal Poly State University, San Luis Obispo, 2002
Internship: Psychological Health and Psychiatry, Wardenburg Health Center, University
of Colorado at Boulder (APA Accredited) 2006-2007

Licensure: Licensed Psychologist #3382

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Client's Rights and Important Information:

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and the fee structure for counseling services at Parker Pediatrics & Adolescents, P.C. Please ask if you would like to receive this information.
2. You can seek a second opinion from another therapist or terminate therapy at any time.
3. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Mental Health Section of the Division of Registrations .
4. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed school psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed school psychologist, or an unlicensed psychotherapist is privileged communication and

cannot be disclosed without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality some of which are listed in the Colorado Statutes (C.R.S. 12-43-218) and the Notice of Privacy Rights you were provided. For example, mental health professionals are required to report child abuse to authorities.

You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions that I will identify to you as the situations arise during therapy.

a. An important consideration is my obligation, by law and ethical standards, to report any suspicion of the occurrence of child abuse or neglect immediately to the proper authorities. Similar obligations exist in the area of suspected elder abuse. Additionally, it is my obligation to comply with any court directions, including subpoenas, whereby I am ordered to disclose information. In most situations, we will have had the opportunity to process this eventuality together prior to any court appearance.

b. Additionally, I am obligated to inform both the person who is threatened and the authorities, should I be informed of intended harm to someone. Should I believe that there is a danger of harm to self or others, it is my obligation to make that information known.

c. When providing services to children and adolescents, it is important that parents/caregivers understand that some information will be held confidential. It is equally important that the child or adolescent understand that knowledge by this therapist of potentially dangerous behaviors be shared with the parent(s)/caregiver(s). Whenever possible, such disclosure will be processed first with the child or adolescent.

5. Brief Description of Therapeutic Method:

The therapeutic model I use is considered to be integrative. Integrative means drawing from a combination of theories and interventions that are chosen based on the presenting concern. Theories that I tend draw from are cognitive-behavioral, behavioral, strength based, client centered and family systems.

If you have any questions or would like additional information, please feel free to ask.

By signing below, you are indicating that you have read the preceding information, that it has also been provided verbally, and understand your rights as a client or as the client's responsible party.

	_____	_____
	Name of Patient	Date of Birth
Signed	_____	_____
	Signature of Patient	Date
Signed	_____	_____
	Signature of Parent, Guardian or Personal Representative (if applicable)	Date
Signed	_____	_____
	Crystal Joy, PsyD, Licensed Psychologist #3382	Date